



**City of Williamsburg Finance Department**

401 Lafayette Street  
Williamsburg, VA 23188  
Phone (757) 220-6180  
www.williamsburgva.gov

**REGISTRATION FOR  
PREPARED FOOD AND BEVERAGE TAX**

**TYPE OF OWNERSHIP:** \_\_\_ SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ LLC/PLLC/PC

**LEGAL BUSINESS NAME:** \_\_\_\_\_

**DBA/TRADE NAME\*:** \_\_\_\_\_

\*No person shall conduct or transact business in the Commonwealth under any assumed or fictitious name unless such person files in the office of the clerk of the Virginia State Corporation Commission a certificate of assumed or fictitious name. No business application will be accepted by the Commissioner of the Revenue without a copy of the certificate of assumed or fictitious name (ref Code of Virginia §59.1-69 through 76).

**SSN:** \_\_\_\_\_ **or FED ID #:** \_\_\_\_\_ **STATE SALES/USE TAX #:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OWNER, OFFICERS, OR OTHER RESPONSIBLE PARTY OF PARTNERSHIP/CORPORATION/LLC/etc.**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DESCRIPTION OF BUSINESS** (Restaurant, cafeteria, delicatessen, snack bar, food truck, etc.):

\_\_\_\_\_

**BUSINESS START DATE IN CITY OF WILLIAMSBURG:** \_\_\_\_\_

**DECLARATION:** I declare that the information provided hereon is true, full and correct to the best of my knowledge and belief.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**FINANCE DEPARTMENT USE ONLY**

ISSUE DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_